

# 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

<b>1. NAME OF COMMITTEE IN FULL</b> MCMULLIN FOR PRESIDENT COMMITTEE INC.				
<b>ADDRESS</b> (number and street) 119 SOUTH MONROE STREET SUITE 300				
<b>CITY</b> TALLAHASSEE		<b>STATE</b> FL		<b>ZIP CODE</b> 32301
<b>2. NAME OF CANDIDATE</b> Evan, McMullin, , ,			<b>3. OFFICE SOUGHT</b> (State and District) Presidential	
			<b>4. FEC IDENTIFICATION NUMBER</b> C00623884	
<b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____				

  

<b>A. FULL NAME</b> Iva, Hawkins, , ,			Name of Employer retired		Date (month, day, year) 10/20/2016	Amount 2150.00
<b>MAILING ADDRESS</b> 10384 N 6960 W			<b>Transaction ID : WFT20169211958-1</b>			
<b>CITY</b> HIGHLAND	<b>STATE</b> UT	<b>ZIP CODE</b> 84003	Occupation retired			
<b>B. FULL NAME</b> Michael, Hawkins, , ,			Name of Employer retired		Date (month, day, year) 10/20/2016	Amount 2700.00
<b>MAILING ADDRESS</b> 10384 N 6960 W			<b>Transaction ID : WFT2016921200-1</b>			
<b>CITY</b> HIGHLAND	<b>STATE</b> UT	<b>ZIP CODE</b> 84003	Occupation retired			
<b>C. FULL NAME</b> Dale, Harris, , ,			Name of Employer retired		Date (month, day, year) 10/20/2016	Amount 2000.00
<b>MAILING ADDRESS</b> PO Box 900640			<b>Transaction ID : WFT2016921203-1</b>			
<b>CITY</b> Sandy	<b>STATE</b> UT	<b>ZIP CODE</b> 84090	Occupation retired			
<b>D. FULL NAME</b> Bianca, Lisonbee, , ,			Name of Employer 4Life Research		Date (month, day, year) 10/20/2016	Amount 3000.00
<b>MAILING ADDRESS</b> 304 East 1600 North **REFUND DUE**			<b>Transaction ID : WFT2016921205-1</b>			
<b>CITY</b> Orem	<b>STATE</b> UT	<b>ZIP CODE</b> 84057	Occupation Business Owner			
<b>E. FULL NAME</b> Jacqueline, Moore, , ,			Name of Employer Self		Date (month, day, year) 10/20/2016	Amount 1000.00
<b>MAILING ADDRESS</b> 5 South 500 West			<b>Transaction ID : WFT2016921208-1</b>			
<b>CITY</b> Salt Lake City	<b>STATE</b> UT	<b>ZIP CODE</b> 84101	Occupation Business Writer			
<b>SIGNATURE (optional)</b> Jeffrey, Carson, , , <div style="text-align: right;">[Electronically Filed]</div>				<b>DATE</b> 10/21/2016	<b>For further information contact:</b> Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100	

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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

## FEC FORM 6

(Revised 03/2016)

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<b>CITY, STATE, and ZIP CODE</b> TALLAHASSEE FL 32301			
<b>2. NAME OF CANDIDATE</b> Evan, McMullin, , ,		<b>3. OFFICE SOUGHT</b> (State and District) Presidential	
<b>4. FEC IDENTIFICATION NUMBER</b> C00623884		<i>continuation page</i>	
<b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____			
<b>A. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> Clark & Jennifer, Whitworth, , ,  62 west 700 south  CENTERVILLE UT 84014			
Name of Employer CEO / Homemaker  <b>Transaction ID : WFT2016921209-1</b> Occupation Larry Miller Group		Date (month, day, year) 10/20/2016  Amount 1000.00	
<b>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> Dean, Armandroff, , ,  3603 Gunston Road  Alexandria VA 22302			
Name of Employer American Medical Association  <b>Transaction ID : WFT20169212011-1</b> Occupation Political Adviser		Date (month, day, year) 10/20/2016  Amount 1000.00	
<b>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> Carolyn, Melby, , ,  1017 Eastbourne Terrace  FREDERICK MD 21702			
Name of Employer Amada Senior Care  <b>Transaction ID : WFT20169212013-1</b> Occupation Heathcare Consultant		Date (month, day, year) 10/20/2016  Amount 1000.00	
<b>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>       Occupation			
<b>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>       Occupation			